

IAP20 Rec'd PCT/PTO 21 DEC 2005
APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: EXTERNAL PREPARATION FOR
IMPROVING COITAL FUNCTION
Attorney Docket Number:: 278164US0PCT
Total Drawing Sheets:: 7
Small Entity?:: YES

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Yasumi
Family Name:: UCHIDA
City of Residence:: Funabashi-shi
State or Province of Residence:: Chiba
Country of Residence:: Japan
Street of Mailing Address:: 30-17, Narashinodai 2-chome
City of Mailing Address:: Funabashi-shi
State or Province of Mailing Address:: Chiba
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 274-0063

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Yasuto
Family Name:: UCHIDA
City of Residence:: Funabashi-shi
State or Province of Residence:: Chiba
Country of Residence:: Japan
Street of Mailing Address:: 30-17, Narashinodai 2-chome
City of Mailing Address:: Funabashi-shi
State or Province of Mailing Address:: Chiba
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 274-0063

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Haruko
 Family Name:: UCHIDA
 City of Residence:: Funabashi-shi
 State or Province of Residence:: Chiba
 Country of Residence:: Japan
 Street of Mailing Address:: 30-17, Narashinodai 2-chome
 City of Mailing Address:: Funabashi-shi
 State or Province of Mailing Address:: Chiba
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 274-0063

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/08031	06/25/03

FOREIGN PRIORITY INFORMATION

ASSIGNMENT INFORMATION

Assignee Name:: CARDIOVASCULAR INSTITUTE, LTD.
 Street of Mailing Address:: 21-4, Onigoe 2-chome
 City of Mailing Address:: Ichikawa-shi
 State or Province of Mailing Address:: Chiba
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 272-0022